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CONFIRMATION NO. 1072

SERIAL NUMBER 10/051,140	FILING OR 371(c) DATE 01/22/2002 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 47123-00073USPT
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APPLICANTS

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** CONTINUING DATA ****

This appln claims benefit of 60/333,721 11/28/2001 *[Signature]*

** FOREIGN APPLICATIONS ****

*[Signature]*IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 02/21/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowances			
Verified and Acknowledged <i>[Signature]</i>	Examiner's Signature Initials			
ADDRESS 30223	STATE OR COUNTRY IL	Sheets Drawing 45	Total Claims 132	Independent Claims 38

TITLE

RETRACTABLE NEEDLE SINGLE USE SAFETY SYRINGE

FILING FEE RECEIVED 2848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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